

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049368

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 366 Primary Registration District No. 93 Registrar's No. 93

FILED JAN 3 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Washington</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Potosi</b>	a. STATE <b>Mo.</b>	b. COUNTY <b>Washington</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>108 Elm St.</b>	Length of stay in 1b <b>43 years</b>	c. CITY OR TOWN <b>Potosi</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS <b>108 Elm St.</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>108 Elm St.</b>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last <b>Arthur Thomas Williams</b>		Month Day Year <b>December 26 1962</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 25, 1898</b>
9. AGE (last birthday) <b>64</b>		IF UNDER 1 YEAR <input type="checkbox"/> IF UNDER 24 HR <input type="checkbox"/> Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>watchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>National Lead Co.</b>	
11. BIRTHPLACE (City and state or country) <b>West Alton, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Francis T. Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Dora Williams</b>	
14. NAME OF HUSBAND OR WIFE <b>Ida Williams</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. INFORMANT <b>Ralph Williams</b>		Address <b>Chetek, Wisconsin</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>1:00</b> p.m. Month, Day, Year <b>12-26-62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>Potosi</b>	
20g. attended the deceased from _____ to _____ and last saw him _____		COUNTY <b>Wash.</b>	
20h. Death occurred at <b>12-26-62</b> <b>1:00 P.</b> m, on the date stated above, and to the best of my knowledge, from the causes stated.		STATE <b>Mo.</b>	
22a. SIGNATURE (Degree or title) <b>R. L. Gibson, D.C. Coroner</b>		22b. ADDRESS <b>Potosi, Mo.</b>	
22c. DATE SIGNED <b>12-29-62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>12-30-62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>New Masonic Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Potosi, Mo.</b>		23e. DATE RECD. BY LOCAL REG. <b>12/29/62</b>	
24. FUNERAL DIRECTOR <b>Donald Sparks</b>		26. REGISTRAR'S SIGNATURE <b>Herbert Kunda</b>	
ADDRESS <b>Potosi, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12/29/62</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JAN 7 1963

1963 JAN 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Ronald Sparks*

Licensed Embalmer No.

4819

P. O. Address

*Polson, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.